MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial NO) 590 645

FILING DATE

APPLICANT(S)

CLAIMS

	ASE	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\frac{1}{2}$						 	
3							
4							
6							
7	`				,		
8							
9							
10				İ			
11	ļ		ļ				
12 13	ļ						
13	 						
15	l	-					
16						-	
17							
18							
19							
20					· ·	·	
21 22		<u>.</u>					
23				-			
24	 						
25			<u></u>				
26							
27	, , , , , , , , , , , , , , , , , , ,						
28							
29	<u> </u>						
30							
31							
32							
34		<u> </u>					
35							
36							
37		77					
38					-		
39	·						
40							
41	 						
42	 						
43							
45							
46							
47							
48							
49							
50							
TOTAL IND.		# 1	$\overline{}$	1			
TOTAL		_ T		T			
DEP.	•	(-	9	(-		(-	
TOTAL CLAIMS			10		■ x.	e .	